



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Rajeev A. JAIN et al.  
Title: RAPIDLY DISINTEGRATING SOLID ORAL  
DOSAGE FORM  
Prior Appl. No.: 10/276,400  
Prior Appl. Filing Date: 01/15/2003  
Examiner: Unassigned  
Art Unit: 1615



**CONTINUING PATENT APPLICATION**  
**TRANSMITTAL LETTER**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☒ Continuation    ☐ Division    ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Application Data Sheet (37 CFR 1.76) (4 pages).
- ☒ Preliminary Amendment (14 pages).
- ☒ Specification, Claim(s), and Abstract (42 pages).
- ☒ Formal drawing (1 sheet, Figure 1).
- ☒ Copy of Declaration and Power of Attorney (8 pages).

☒ Information Disclosure Statement (2 pages).

☒ Form PTO/SB/08 (2 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total	85	- 20	= 65	x \$18.00	= \$1,170.00
Claims:					
Independ	3	- 3	= 0	x \$84.00	= \$0.00
ents:					
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
				SUBTOTAL:	= \$1,920.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					= \$0.00
				TOTAL FILING FEE:	= \$1,920.00

☒ A check in the amount of \$1,920.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Sept 23, 2003

By Michele M. Simkin

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